

Case Number:	CM13-0057169		
Date Assigned:	12/30/2013	Date of Injury:	05/22/2006
Decision Date:	03/26/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 51 one year old female presenting with pain in the wrist, elbow, left hand, left shoulder and upper left arm following a work related injury on 5/22/2006. The claimant tried stellate ganglion blocks to the right wrist 3 weeks apart, physical therapy between blocks and medications including, Cymbalta, Lyrica, Lidoderm patch, Percocet, Ambien and Tramadol. The physical exam was significant for right hand with digital swelling of the digits and hand, discoloration and cold to touch, allodynia over the palmar surface of the hand, extreme tenderness and sensitivity along the scar. The NCS on 4/29/2011 was significant for bilateral compression of the median nerve at the carpal tunnel by electrodiagnostic criteria. The EMG was normal. The claimant had left carpal tunnel release, left third finger trigger release, right carpal tunnel release, I&D right carpal tunnel. The claimant was diagnosed with complex regional pain syndrome right hand, forearm, and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sleeping Pills, section on Mild Tranquilizers

Decision rationale: Lunesta is in the same class as Ambien CR. The Official Disability Guidelines state that sleeping aids like Ambien and Lunesta are not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over long-term. Sleeping pills are indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found sleep aids to be effective for up to 24 weeks in adults. According to the medical records the claimant appeared to have used Ambien prior and long term; therefore, the requested medication is not medically necessary.